PRINTED: 04/07/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL036018 03/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD COUNTRY TIME INN KINGS MOUNTAIN, NC 28086 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID OX5Y (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Responses to the cited Report of a Biennial Construction Survey by deficiencies do not Frank Strickland 03/23/2016: constitute an admission or Information obtained from the DHSR database agreement by the facility of indicates that this facility was licensed on 04/01/1982 as a HA. An addition for 33 beds was truth of the facts alleged or licensed in 10/24/1994 and the facility is conclusion set forth in the currently licensed for 59 Beds with a 26 Bed statement of deficiencies or Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable corrective action, report, the portions of the 2005 Rules for Licensing of Adult Plan of Correction prepared Care Homes of Seven or More Beds, and solely as a matter of applicable portions of the 1978 (Revision 4) and the 1991 (1994 Revision) Edition, of the North compliance with State Laws. Carolina Building Code(s), Institutional Occupancy, and the 1977 and 1994 Minimum It is the policy of Country Standards and Regulations for Homes for the Time Inn to assure the rights Aged in effect at time of initial licensure. of all residents guaranteed Deficiencies have been cited and a Plan of under 10A NCAC 13F. Correction is required. 0306(a)(1)(2)(3)(e) are maintained and may be C 164 Housekeeping and Furnishings-Clean, Repaired C 164 exercised without hindrance. SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND 10A NCAC 13F. **FURNISHINGS** 0306(a)(1)(2)(3) (e) (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor Housekeeping and coverings kept clean and in good repair; Furnishings

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facilities.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(2) have no chronic unpleasant odors;
 (3) have furniture clean and in good repair;
 (e) This Rule shall apply to new and existing

This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are

Shannon Stagans

Executive Director

05/02/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01

(X3) DATE SURVEY COMPLETED

HAL036018

B. WING _

03/23/2016

NAME OF PROVIDER OR SUPPLIER

COUNTRY TIME INN

STREET ADDRESS, CITY, STATE, ZIP CODE

602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164			CROSS-REFERENCED TO THE APPROPRIATE	
	areas throught the facility. Findings on 03/16/2016: The ceramic tile is moldy where the surrounding shower tile walls meet the shower floor in the Spa Rooms.		3. The return kitchen air grill has been cleaned by BMS on 3/29/2016 and will be	
C 18	9 Building Equipment Maintained Safe, Operating	C 189	monitored/cleaned monthly.	

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Findings on 03/23/2016:

The following exit doors have a deficiency that prevents it's safe operation to exit the facility:

- (a) Exit Door #4 drags on the concrete landing and restricts it's operation to open fully.
- (b) Exit Door #11 has had the panic bar removed prevent the door from opening.
- (c) The courtyard exit gate in the SCU drags and restdricts it's operation to open fully.
- 2-Based on observations, this facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility.

Findings on 03/23/2016:

The sampling tubes and the interior ductwork has excessive particulate build-up for AHU #2.

3-Based on observations, this facility has not provide fire detection in all the required spaces to Other requirements are maintained and may be exercised without hindrance.

10A NCAC 13F.0311 Other Requirements

> 1. (a) Exit Door #4 has been repaired by BMS and is no longer dragging on the concrete. (b) Exit Door #11 panic bar has been re-mounted.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
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3	Continued From page 3 keep the facility safe. This condition would affect all residents and staff by not detecting fire and not activating the fire alarm system to notify all of the emergency and not releasing door locks for evacuation. Findings on 03/23/2016: There is not any fire detection in the SCU/Dining Hall closet.	C 189	(c) The courtyard exit gate has been repaired and no longer drags. 2. The AHU #2 has been cleaned by BMS on 03/29/2016 and will be cleaned and monitored monthly by BMS.	
			 A fire detection monitor has been installed in the SCU/Dining Hall closet. 	The second of th